STATEMENT OF

69 JAF	30	PH	1:51
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FORM 1	ORGANIZATION				Office Use Only			
NAME OF COMMITTEE (in	full)		(Check if name is changed)	Example:If typir over the lines.	ng, type	ŽFE4M5		
Elizabeth	Dole	Comm	ittee, Inc	:.		<u>i </u>		
	<u> </u>	1 1 1				<u> </u>		
ADDRESS (number a	nd street)	PO	Box 2918				1 1 1 1	
(Check if ac is changed)		Ra	leigh			NC :	27602	J-[
COMMITTEE'S E-MA	AIL ADDRES	SS		CITY	ST	ATE	ZIP C	ODE
FEC@elizab	oethdo L	le.oı	rg 				<u> </u>	
						<u> </u>	<u> </u>	
COMMITTEE'S WEB								
								
COMMITTEE'S FAX 919-829-9	NUMBER 471 J-L	1						
2. DATE 0	7 22		2008					
3. FEC IDENTIFIC	DATION NL	IMBER	C	C00369140				
4. IS THIS STATE	MENT [NE	w (N) OR	X AMEN	IDED (A)			
I certify that I have o	examined th	is State	ment and to the b	est of my knowledge a	and belief it is t	ue, correct a	nd complete.	
Type or Print Name	of Treasurer	В	rent D. Ba	rringer	A STATE OF THE STA			
Signature of Treasure	er <u> </u>	Æ	M	3	Dat	e (07)	(22)	2008
NOTE: Submission of			-	on may subject the pers	• -		e penalties of	2 U.S.C. §437g.
Office Use Only		-				rt:	FEC F(